MAXIMUS Federal Services

Case Number:	CM14-0108515		
Date Assigned:	09/15/2014	Date of Injury:	07/03/2013
Decision Date:	10/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male who reported an injury on 07/03/2013. The mechanism of injury was not provided. The injured worker had a diagnosis of cervical and lumbar myofascial sprain/strain. Past medical treatment included physical therapy, medications, a TENS unit, back brace, and acupuncture. Diagnostic testing included x-rays of the neck and back on 07/03/2013, trigger point impedance test on 01/30/2014, which revealed consistent with lumbar spine and myofascial pain syndrome; an MRI of the cervical spine done on 10/15/2013 and 12/19/2013, and an MRI of the lumbar spine done on 10/15/2013 and 12/19/2013. Surgical history was not provided. The injured worker complained of neck pain that radiated to his upper back with soreness and weakness in his bilateral upper extremities on 07/29/2014. The injured worker also complained of low back pain that radiated down the lower extremities, with soreness and weakness in the lower extremities. The injured worker also completed a questionnaire regarding limitations of activities of daily living on a scale of 1 to 5 and the injured worker noted 2/5 difficulty with self-care to include bathing and dressing. The injured worker also noted 3/5 difficulty with physical activities such as standing, sitting, reclining, and walking; and a 5/5 difficulty ascending/descending stairs. The physical examination revealed tenderness to the C7 spinous process. The lumbar spine range of motion revealed flexion at 60 degrees with low back pain, extension 20 degrees with low back pain, lateral bend 25 degrees bilaterally, and rotation at 60 degrees bilaterally. The physical examination also revealed straight leg raising was 50 degrees bilaterally. Medications were not provided. The treatment plan was for a lumbar MRI and thoracic MRI. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar MRI RFA 6-30-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK- LUMBAR AND THORACIC (ACUTE&CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic resonance imaging (MRI).

Decision rationale: The request for lumbar MRI RFA 6-30-14 is not medically necessary. The injured worker complained of neck pain that radiated to his upper back with soreness and weakness in his bilateral upper extremities on 07/29/2014. The Official Disability Guidelines (ODG) state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The guidelines recommend an MRI of lumbar spine trauma with trauma, and neurological deficits. The requesting physician did not provide the official report from the prior MRI's. The documentation provided does not indicate progressive neurological deficit. There is no evidence of a significant change in symptoms and findings suggestive of significant pathology. Therefore, the request for lumbar MRI RFA 6-30-14 is not medically necessary.

Thoracic MRI RFA 6-30-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK- LUMBAR AND THORACIC (ACUTE&CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic resonance imaging (MRI).

Decision rationale: The request for thoracic MRI RFA 6-30-14 is not medically necessary. The Official Disability Guidelines (ODG) state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The guidelines recommend an MRI of thoracic spine trauma with neurological deficit. The requesting physician did not provide the official report from the prior MRI's. The documentation provided does not indicate progressive neurological deficit. There is no evidence of a significant change in symptoms and findings suggestive of significant pathology. Therefore, the request for thoracic MRI RFA 6-30-14 is not medically necessary.